



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation**

READY MIXED CONCRETE PLANT

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Normal Operating Schedule: _____ hrs/yr
- 5) Type of Plant: Batch _____; Continuous _____; Permanent _____; Portable _____; Other _____
- 6) Equipment: _____
Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____ yd³/hr
- 7) Anticipated Annual Production: _____ yd³/yr
- 8) For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.
- 9) If applying for an operating permit, provide the date of the latest modification: _____